



Department of Public Health  
1380 Howard Street, 3<sup>rd</sup> Floor  
San Francisco, CA 94103

## Avatar Account Request Form (SUD)

**NOTE:** This request form **must be typed**, except for required signatures.  
**Incomplete or handwritten forms will not be processed.**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

NPI Registry #: \_\_\_\_\_ Classification: \_\_\_\_\_

- ☐ New Account      ☐ Reactivation/Update – Enter existing Avatar Username: \_\_\_\_\_
- ☐ Adding Program – If adding a program, please include a separate page naming your current program/s.
- ☐ Name Change – Enter your previous full name: \_\_\_\_\_
- ☐ Avatar Staff ID Only – If selected, leave Role Information, Co-Signers, and Training sections blank.

### Agency Information:

Agency/Program Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

### Role Information: Please check any of the following that apply to your program/agency and your job functions.

- ☐ SUD System Code (**required**): \_\_\_\_\_
- ☐ SUD Adult      ☐ SUD CYF      ☐ Clinical
- ☐ Residential      ☐ Supervisor/Manager/Director      ☐ Clerical/Admin
- ☐ Like Account (Please provide name of Avatar user whose role is *identical*): \_\_\_\_\_

### Co-Signers: Please list the full names of up to two eligible, active Avatar users to be co-signers (include a separate page for more).

1: \_\_\_\_\_ 2: \_\_\_\_\_

Or check one: ☐ I am a LPHA and therefore do not require a co-signer.      ☐ I will not be doing clinical work.

### Training: If training was conducted on-site, include the **Attestation of On-Site Avatar Training** form with this request.

After submitting this form, the user will be emailed instructions for completing any required online training.

### Required Signatures: After printing the completed form, sign the signature fields by hand, then scan and email.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(print and sign by hand)

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(print and sign by hand)

Email the completed form to [avataraccounts@sfdph.org](mailto:avataraccounts@sfdph.org).